

FEC FORM 9

24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations

(a) Name

Emergency Committee for Israel

(b) Address (number and street)

☐ check if different than previously reported

11 Dupont Circle NW Suite 325

(c) City, State and ZIP Code

Washington

DC

20036

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number

C C30001911

3. Is This Statement

☒

New

or

☐

Amended

4. Covering Period

M M / D D / Y Y Y Y
0 9 / 1 2 / 2 0 1 1

through

M M / D D / Y Y Y Y
0 9 / 1 2 / 2 0 1 1

5. (a) Date of Public Distribution(s)

M M / D D / Y Y Y Y
0 9 / 1 2 / 2 0 1 1

(b) Communication Title The Uniter

6. The filer is a(n): (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☐ Qualified Nonprofit Corporation (11 CFR 114.10)

(d) ☒ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____

7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?

Yes ☐No ☐

8. Custodian of Records

(a) Name

Noah Pollak

(b) Address (number and street)

11 Dupont Circle NW Suite 325

(c) City, State and ZIP Code

Washington

DC

20036

(d) Name of Employer or Principal Place of Business

Emergency Committee for Israel

(e) Occupation

Executive Director

9. Total Donations This Statement

.00

10. Total Disbursements/Obligations This Statement

27695.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Noah Pollak

SIGNATURE Electronically Filed by Noah Pollak

DATE 09/13/2011

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.